

**LONDON BOROUGH OF SOUTHWARK**  
**Local Government Pension Scheme Regulations 2013**  
**Notification of a Contributor Leaving**

Before completing this form you should read the attached notes. No action will be taken on your pension benefits until Pensions Services receive this form properly completed and countersigned.

**Part 1. To be completed by employee**

<b>Surname</b>		<b>Mr</b> <input type="checkbox"/>	<b>Mrs</b> <input type="checkbox"/>	<b>Miss</b> <input type="checkbox"/>	<b>Ms</b> <input type="checkbox"/>
<b>Forenames</b>		<b>National Insurance Number</b>			
<b>Date of birth</b> (Attach copy of Birth Certificate)		<b>Payroll Number</b>			
<b>Department/Work location</b>					
<b>Job title (if more than one job, please give details of all jobs you are leaving)</b>		<b>Home address</b> ..... ..... ..... <b>Post Code</b> ..... <b>E-mail</b> .....			
<b>Date of leaving (last day of service, not necessarily last working day)</b>					
* <b>Voluntary Resignation age 55+</b>					
<b>Do you want to claim your pension entitlements immediately:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>Signature of employee</b>				<b>Date</b>	

Please complete **Part 3** on the back of this form (if applicable). The form should then be given to your **staffing officer/business unit manager to complete Part 2.**

**Part 2. For official use only.** To be completed by a responsible departmental officer.

<b>I confirm the last day of service is:</b>		
<b>Reason for leaving: tick one box only (see notes to PEN02) and attach the documents if applicable</b>		
<input type="checkbox"/> Voluntary Resignation (aged under 55)	<input type="checkbox"/> Voluntary Resignation (aged 55+) *	<input type="checkbox"/> Redundancy (aged under 55)
<input type="checkbox"/> Redundancy Retirement (aged 55+, attach PEN15, business case)	<input type="checkbox"/> Flexible Retirement (aged 55+, attach business case)	<input type="checkbox"/> Efficiency Retirement (aged 55+, attach PEN15, business case)
<input type="checkbox"/> Ill-health Retirement (attach certificate of permanent incapacity)	<input type="checkbox"/> Dismissal	
<b>Certified correct. Signed:</b>		<b>Date:</b>
<b>Print name:</b>	<b>Job title</b>	
<b>Department address and telephone number of staffing officer to contact for query on form:</b>		

**On completion of Part 2 this form should be returned to**  
Southwark Pension Services, Southwark Pension Fund, PO Box 7606, WS10 1EJ  
Tel: 020 7525 4924 E-mail: [lbspensions@southwark.gov.uk](mailto:lbspensions@southwark.gov.uk) .

**Part 3.**

If you are considering a transfer to a personal pension or to your employer's pension scheme further details will be sent to you. Your decision on this form will not be binding.

If you are joining your new employer's pension scheme or a personal pension plan, do you wish to consider transferring your pension rights to a new scheme?      YES       NO       *(tick one box only)*

If YES please state: \_\_\_\_\_

Name of new employer or pension provider \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting date \_\_\_\_\_

New job title \_\_\_\_\_

I give you the right to disclose financial information to my new occupational scheme or personal pension provider.

Signed \_\_\_\_\_ Date \_\_\_\_\_

After you have completed Part 3 of this form, send it to the staffing section of your department or to your business unit manager so that they can complete and sign Part 2.

Track changes to your record by logging on to <https://pensions.southwark.gov.uk> and then sign up for a activation key.